


U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C.STANDARD FORM 50
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946FORM APPROVED
BUDGET BUREAU NO. 50-R064

NOTIFICATION OF PERSONNEL ACTION

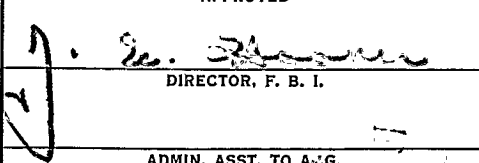
1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST) MR. JAMES C. GARRISON		2. DATE OF BIRTH 11-20-21		3. JOURNAL OR ACTION No. F. B. I. 12067		4. DATE 7-24-51	
This is to notify you of the following action affecting your employment:							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) (CORRECTION) SEPARATION-MILITARY SEE SERVICE				6. EFFECTIVE DATE 9:00 A. M. 7-24-51		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM				TO			
Special Agent GS 10 \$5500 per annum				8. POSITION TITLE 9. SERVICE, GRADE, SALARY 10. ORGANIZATIONAL DESIGNATIONS 11. HEADQUARTERS 12. FIELD OR DEPT'L <input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL			
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE	5 PT.	10 POINT		WWII	WWI	OTHER	
	X	DISAB.	WIFE	WIDOW	X		
15. SEX	16. RACE	17. APPROPRIATION S. & E., FBI			18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF OATH (ACCESSIONS ONLY)
		FROM: TO: same			yes		20. LEGAL RESIDENCE Louisiana
APPROVED  DIRECTOR, F. B. I. ADMIN. ASST. TO A. G. THE ASST. TO A. G.							
REMARKS							
This corrects HE notification #6084 dated 7-24-51 to indicate salary as above instead of \$5000 per annum. No Leave. Indefinite LWOP since 1:30 P. M., 7-13-51. Mr. Garrison XXXX expects to enter the United States Armed Forces. He has been advised concerning the duties of the position presently occupied by him. The PROVISIONS provisions of the Veterans' Preference Act of 1944 and/or the Selective Service Extension Act of 1950 have been complied with. Forwarding Address: Captain James C. Garrison 18th Field Artillery Group Fort Sill, Oklahoma							

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C.STANDARD FORM 50
UNITED STATES
CIVIL SERVICE COMMISSION
OCTOBER 1946FORM APPROVED
BUDGET BUREAU NO. 50-R064

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST)		2. DATE OF BIRTH		3. JOURNAL OR ACTION No.		4. DATE	
MR. JAMES C. GARRISON		11-20-21		F. B. I. 6084		7-24-51	
This is to notify you of the following action affecting your employment:							
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)				6. EFFECTIVE DATE		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
SEPARATION-MILITARY SERVICE				9:00 A. M. 7-24-51			
FROM				TO			
Special Agent GS 10 \$5000 per annum				8. POSITION TITLE			
				9. SERVICE, GRADE, SALARY			
				10. ORGANIZATIONAL DESIGNATIONS			
				11. HEADQUARTERS			
				12. FIELD OR DEPT'L			
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL				<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL			
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION			
NONE <input type="checkbox"/> 5 PT. <input checked="" type="checkbox"/> 10 POINT <input type="checkbox"/> WWII <input checked="" type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> DISAB. <input type="checkbox"/> WIFE <input type="checkbox"/> WIDOW <input type="checkbox"/>				NEW <input type="checkbox"/> VICE <input type="checkbox"/> I. A. <input type="checkbox"/> REAL. <input type="checkbox"/>			
15. SEX		16. RACE		17. APPROPRIATION S. & E., FBI		18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)	
				FROM: TO: same		yes	
						19. DATE OF OATH (ACCESSIONS ONLY)	
						20. LEGAL RESIDENCE	
						Louisiana	
APPROVED							
 DIRECTOR, F. B. I.							
ADMIN. ASST. TO A. G. THE ASST. TO A. G.							
REMARKS							
<p>xxx No Leave. Indefinite LWOP since 1:30 P. M. 7-13-51.</p> <p>Mr. Garrison expects expects to enter the United States Armed Forces. He has been advised concerning the duties of the position presently occupied by him.</p> <p>The provisions of the Veterans' Preference Act of 1944 and/or the Selective Service Extension Act of 1950 have been complied with.</p> <p>Forwarding Address: Captain James C. Garrison 18th Field Artillery Group Fort Sill, Oklahoma</p>							
1. PERSONNEL							
SIGNATURE OR OTHER AUTHENTICATION							

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DEPARTMENT OF JUSTICE

NOTICE OF LEAVE WITHOUT PAY OR RETURN TO DUTY FROM LEAVE WITHOUT PAY

NO. 0 1477
FOR USE OF PERSONNEL OFFICE

1. EMPLOYEE NO.		2. EMPLOYEE NAME Garrison, James C.		3. DATE PREPARED July 14, 1951	
4. POSITION TITLE Special Agent, Field			5. SERVICE AND GRADE GS 10		6. SALARY \$5000.00 per annum
7. BUREAU OR DIVISION Federal Bureau of Investigation			8. SECTION OR BRANCH		9. HEADQUARTERS
10. APPROPRIATION "Salaries and Expenses, FBI"			11. DEPT. <input type="checkbox"/>		FIELD <input checked="" type="checkbox"/>
12. L. W. O. P. — ONE MONTH OR LESS			13. L. W. O. P. — ONE MONTH OR TERMINATION DATE UNKNOWN		
BEGINNING DATE AND HOUR		TERMINATING DATE AND HOUR		BEGINNING DATE AND HOUR 1:30 p.m. (4 hours) 7-13-51 Indefinite	
14. RETURN TO DUTY FROM L. W. O. P.*					
DATE AND HOUR OF RETURN TO DUTY		DATE LEAVE COMMENCED			
15. REMARKS					

Director, Federal Bureau of Investigation

SIGNATURE OF AUTHORIZING OFFICER

Insufficient annual leave (Pending Military Service)

IMPORTANT:

- THIS IS A COMBINATION LEAVE WITHOUT PAY REPORT FORM. ITEMS 2 THROUGH 11 AND ONE OF THE FOLLOWING 12, 13, OR 14 SHOULD BE FILLED IN BY THE PREPARING OFFICE. INITIAL PERIODS OF LWOP MAY NOT EXCEED 6 MONTHS.
- USE THIS FORM FOR REPORTING ALL LWOP EXCEPT MILITARY AND DISCIPLINARY.
- EMPLOYEES ENTERING MILITARY SERVICE SHOULD BE SEPARATED ON THE REGULAR PR FORM.
- ITEM NO. 12. FILL IN THIS BLOCK WHEN THE PERIOD OF LWOP DOES NOT EXCEED ONE MONTH AND THE DATE OF TERMINATION IS KNOWN. THE EMPLOYEE WILL BE RESTORED TO THE PAY ROLL WITHOUT FURTHER ACTION AFTER THE TERMINATION OF THE LWOP.
13. FILL IN THIS BLOCK WHEN THE PERIOD OF LWOP IS IN EXCESS OF ONE MONTH OR TERMINATION DATE UNKNOWN:
NO TERMINATION DATE IS REPORTED SINCE ANOTHER NOTICE IS REQUIRED ON R. T. D. (SEE ITEM NO. 14).
14. FILL IN THIS BLOCK TO RESTORE AN EMPLOYEE'S NAME TO THE PAY ROLL AFTER HIS RETURN TO DUTY FROM LWOP IN EXCESS OF ONE MONTH OR PRIOR TO THE TERMINATING DATE ON PERIODS OF LWOP OF LESS THAN ONE MONTH.
- USE ITEMS 12 OR 13 TO REPORT EXTENSIONS OF LWOP AND STATE UNDER REMARKS THE PREVIOUS DATES REPORTED.

1. Personnel

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON 25, D. C.

FORM APPROVED
BUDGET BUREAU NO. 50-R064

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST) MR. JAMES C. GARRISON 313550		2. DATE OF BIRTH 11-20-21		3. JOURNAL OR ACTION No. F. B. I. 17759		4. DATE 2-24-51							
<i>This is to notify you of the following action affecting your employment:</i>													
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) EXCEPTED APPOINTMENT				6. EFFECTIVE DATE EOD 3-5-51		7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY Schedule A Part 6.108 (E)							
FROM				TO									
<div><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL</div> <div><input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL</div>				8. POSITION TITLE Special Agent		GS 10 \$5000 per annum and per diem in accordance with existing regulations.							
				9. SERVICE, GRADE, SALARY									
				10. ORGANIZATIONAL DESIGNATIONS									
				11. HEADQUARTERS									
				12. FIELD OR DEPT'L		<div><input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL</div>							
13. VETERAN'S PREFERENCE				14. POSITION CLASSIFICATION ACTION									
NONE	5 PT.	10 POINT			WWII	WWI	OTHER	NEW	VICE	I. A.	REAL.	Thompson Berry Webb tr. 1-21-51.	
	X	DISAB.	WIFE	WIDOW	X				X				
15. SEX	16. RACE	17. APPROPRIATION S. & E., FBI						18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF OATH (ACCESSIONS ONLY)		20. LEGAL RESIDENCE	
		FROM: TO: same						4577 yes		3-5-51		La.	
<div>APPROVED <i>[Signature]</i> DIRECTOR, F. B. I. <i>[Signature]</i> ADMIN. ASST. TO A. G. <i>[Signature]</i> THE ASST. TO A. G.</div>				4577									
REMARKS													
The provisions of the Veterans' Preference Act of 1944 and/or the Selective Service Extension Act of 1950 have been complied with.													
<div><div>☆ U. S. GOVERNMENT PRINTING OFFICE- 1950 - 909377</div></div>													

APPOINTMENT AFFIDAVITS

IMPORTANT.—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

JUSTICE

(Department or agency)

F.B.I.

(Bureau or division)

WASHINGTON, D.C.

(Place of employment)

I, James E. Harrison, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers contained in my Application for Federal Employment, Form No. _____, dated _____, 19____, filed with the above-named department or agency, which I have reviewed, are true and correct as of this date with the exceptions noted in the Declaration of Appointee on the reverse of this form. (If no exceptions, write "None" on the Declaration of Appointee.)

ENTRY ON DUTY MARCH 5, 1951

James E. Harrison
(Signature of appointee)

Subscribed and sworn before me this 5th day of March, A. D. 1951,

at Washington
(City)

D.C.
(State)

[SEAL]

[Signature of officer]

UNDER AUTHORITY OF THE
JUL 23 1951
(Title)

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NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. *Question 3 is to be answered in all cases, otherwise answer only those questions which require an answer different from that given to the corresponding questions on your application form. If no answers are different, write "NONE" in Item 10, below. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Impersonation is a criminal offense and will be prosecuted accordingly.*

1. PRESENT ADDRESS (street and number, city and State) BOX 781, LAUREL, MISSISSIPPI			
2. (A) DATE OF BIRTH NOV. 20, 1921		(B) PLACE OF BIRTH (city or town and State or country) DENNISON, IOWA.	
3. (A) IN CASE OF EMERGENCY PLEASE NOTIFY MRS. LYON GARDINER		(B) RELATIONSHIP MOTHER	(C) STREET AND NUMBER, CITY AND STATE BOX 781, LAUREL, MISS.
			(D) TELEPHONE NO. 7639.

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO
If so, for each such relative fill in the blanks below. If additional space is necessary, complete under Item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	(2) TEMPORARY OR NOT EMPLOYED	RELATIONSHIP	MAR-RIED (Check one)	SINGLE
		1. _____				
		2. _____				
		3. _____				
		1. _____				
		2. _____				
		3. _____				
		1. _____				
		2. _____				
		3. _____				

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY
5. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in Item 10.</i>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in Item 10 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 5 years' service; amount of retirement pay, and under what retirement act; and rating, if retired from military or naval service.</i>		X		
8. HAVE YOU EVER BEEN DISCHARGED, OR FORCED TO RESIGN, FOR MISCONDUCT OR UNSATISFACTORY SERVICE FROM ANY POSITION? <i>If your answer is "Yes", give in Item 10 the name and address of employer, date, and reason in each case.</i>		X		
9. SINCE YOUR 16TH BIRTHDAY, HAVE YOU EVER BEEN ARRESTED, INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED, OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION, OR ORDINANCE (EXCLUDING MINOR TRAFFIC VIOLATIONS FOR WHICH A FINE OR FORFEITURE OF \$25 OR LESS WAS IMPOSED)? <i>If your answer is "Yes", list all such cases under Item 10. Give in each case: (1) The date; (2) the nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any, or other disposition of the case. If appointed, your fingerprints will be taken.</i>		X		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations and acts of Congress pertaining to appointment.

This form should be checked for holding of office, pension, suitability in connection with any record of recent discharge or arrest, and particularly for the following:

(1) *Identity of appointee.*—The appointee's signature and handwriting are to be compared with the application and/or other pertinent papers. The physical appearance may be checked against the medical certificate. The appointee may also be questioned on his personal history for agreement with his previous statements.

(2) *Age.*—If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Until such determination is made, the appointment may not be consummated.

(3) *Citizenship.*—The appointing officer is responsible for observing the citizenship provisions of (1) the Civil Service Rules and (2) appropriation acts. Form 61 constitutes an affidavit for both purposes and is acceptable proof of citizenship status in the absence of conflicting evidence. In doubtful cases the appointment should not be consummated until clearance has been secured from the certifying office of the Civil Service Commission.

(4) *Members of Family.*—Section 9 of the Civil Service Act provides that whenever there are already two or more members of a family serving under probational or permanent appointment in the competitive service, no other member of such family is eligible for probational or permanent appointment in the competitive service. The appointments of persons entitled to veteran preference are not subject to this requirement. The members-of-family provision does not apply to temporary appointments. Doubtful cases may be referred to the appropriate office of the Civil Service Commission for decision.